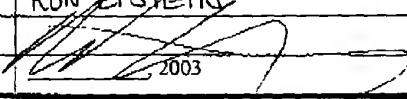
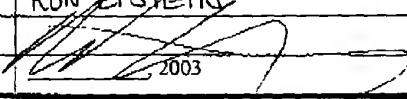
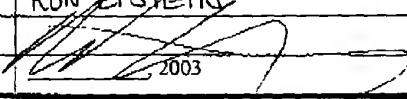


PTO/SB/01 (06-03)

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	Filing Date	CONCURRENTLY HEREWITH																																													
	First Named Inventor	Kung-Ling KO																																													
	Title	Virtual Channel Remapping																																													
	Art Unit	UNKNOWN																																													
	Examiner Name	UNKNOWN																																													
	Attorney Docket Number	2120-02400																																													
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners at Customer Number → 23505 OR <input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Please recognize or change the corresponding address for the above-identified application to: <input checked="" type="checkbox"/> The above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number OR</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%;">Firm or <input type="checkbox"/> Individual Name</td> <td colspan="3"> </td> </tr> <tr> <td>Address</td> <td colspan="3"> </td> </tr> <tr> <td>Address</td> <td colspan="3"> </td> </tr> <tr> <td>City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td colspan="3"> </td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td colspan="2"> </td> </tr> </table> <p>I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i></p> <p style="text-align: center;">SIGNATURE of Applicant or Assignee of Record</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3">RON EPSTEIN</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Date</td> <td>2003</td> <td>Telephone:</td> <td> </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>				Name	Registration Number							Firm or <input type="checkbox"/> Individual Name				Address				Address				City	State	Zip		Country				Telephone	Fax			Name	RON EPSTEIN			Signature				Date	2003	Telephone:	
Name	Registration Number																																														
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